



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT

NOTIFICATION OF STATEWIDE CONTRACT

June 6, 2012

CONTRACT TITLE: MMCAP HOSPITAL SUPPLIES

CURRENT CONTRACT PERIOD: June 1, 2012 through November 30, 2012

BUYER INFORMATION: Teri Schulte
(573) 522-3296
(573) 526-9816 (fax)
teri.schulte@oa.mo.gov

RENEWAL INFORMATION	Original Contract Period	Potential Final Expiration
	June 1, 2012 through November 30, 2012	November 30, 2012

ALL PURCHASES MADE UNDER THIS CONTRACT MUST BE FOR **PUBLIC USE ONLY**.
PURCHASES FOR PERSONAL USE BY PUBLIC EMPLOYEES OR OFFICIALS ARE PROHIBITED.

THE USE OF THIS CONTRACT IS **PREFERRED** FOR ALL STATE AGENCIES.

This contract has been established for the convenience of state agencies. Local Purchase Authority may be used to purchase supplies/services included in this contract from an alternative source at the discretion of the agency.

The entire contract document may be viewed and printed from the Division of Purchasing and Materials Management's **Contract Document Search** located on the Internet at <http://oa.mo.gov/purch>.

~ Instructions for use of the contract, specifications, requirements, and pricing are attached ~.

CONTRACT NUMBER	VENDOR NUMBER	VENDOR INFORMATION	MBE/WBE	COOP PROCUREMENT
C108128001	4112616530 0	McKesson Medical-Surgical Minnesota Supply Inc. 8121 10 th Ave North Golden Valley, MN 55427 Phone: (800) 328-8111 ext. 6588 Fax: (800) 237-9766 E-mail: government.sales@mckesson.com On-Line: www.mckesson.com Contract Account Manager: Tony Nudo Phone: (800) 328-8111 ext. 388 E-mail: tony.nudo@mckesson.com	No	Yes

STATEWIDE CONTRACT HISTORY

The following summarizes actions related to this Notification of Statewide Contract since its initial issuance. Any and all revisions have been incorporated into the attached document.

Contract Period	Issue Date	Summary of Changes
June 1, 2012 through November 30, 2012	06-06-12	Statewide contract extended through November 30, 2012.
December 1, 2011 through May 31, 2012	12-01-11	Statewide contract extended through May 31, 2012.
June 1, 2011 through November 30, 2011	06-10-11	Statewide contract extended through November 30, 2011
July 1, 2010 through May 31, 2011	07-12-10	Statewide contract extended through May 31, 2011
November 1, 2009 through June 30, 2010	11/01/09	Initial issuance of new statewide contract

GENERAL CONTRACT INFORMATION

Purpose and Use of Contract:

Contract C108128001 is a “preferred use” contract established to make available miscellaneous general hospital and medical supplies to Missouri state agencies and political subdivisions participating in the Missouri Cooperative Procurement program. This contract does not include provisions for the purchase of hospital or medical equipment or furniture.

This contract replaces C107004001 with Medline Industries.

State agencies are advised to check the contract for the purchase of these items and to choose the best product and best price available to them. The contract is a “preferred use” contract which means that the contract provides good market pricing and product variety to state agencies. Agencies are encouraged to use preferred-use contracts but in rare instances where the state agency can obtain like or similar products that meet the state agency’s needs at a better price, then the agency has authority to purchase the items from other sources so long as the provisions of the Local Purchasing Authority Delegation are followed. The Delegation can be viewed and downloaded from the internet at this site: <http://oa.mo.gov/purch/agencyinfo/deptpad.pdf>.

Becoming an MMCAP Member Facility:

In order to participate in this statewide contract, all state agencies and co-op members must be an active MMCAP member. If your agency is not an MMCAP member facility, follow the steps below to obtain a member ID:

- Complete the MMCAP Membership Form and Agreement found at the following website: <http://www.mmd.admin.state.mn.us/mmcap/pdf/MMCAP%20Membership%20Application%20041608.pdf>
- Submit the form to the Buyer indicated on the front page of this notice via fax or e-mail.
- Buyer will review complete form and submit it to MMCAP
- MMCAP will contact the facility with their member information (ID, passwords, etc.)

If your facility is already an MMCAP member, you can provide your ID number to McKesson upon contact and they can access your information. If you know you are an MMCAP member but you have misplaced your ID number, you can contact the Buyer and they can provide it to you.

Registering for a McKesson Account:

If your facility already has a McKesson account, you do not have to register with McKesson again.

It is strongly suggested that each facility complete the attached “McKesson Customer Application” (see page 6 of this notice) in order to set up a new account. This application is not a credit application. Each facility may complete and submit the application without DPMM’s approval. Applications can be faxed or e-mailed to McKesson at the number or address provided on the front page of this notice.

Facilities can also by-pass the application process by contacting McKesson customer service via telephone at the number provided on the front page of this notice.

Contact Information:

Contact customer service at the number provided on the front page of this notice for the following:

- Placing orders
- Registering for a new account number
- Product pricing and availability
- Shipping/Invoice issues

Ordering:

Agencies shall contact McKesson at the number provided on the front page of this notice to place their orders.

State agencies shall issue purchase orders for the total amount of the order using Line Item #001, Commodity code 46500.

Pricing, Shipping Charges and Catalogs:

Pricing can be accessed via the MMCAP website: <http://www.mmd.admin.state.mn.us/mmcap/>

You MUST be an active MMCAP member facility to access this site. You must log in to the website in order to access the contract. If you are unfamiliar with your password for accessing MMCAP contracts, please contact the buyer of record.

Prices are firm for the contract period.

Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed.

Delivery:

Stock Items shall be delivered in 1 – 3 business days. No freight or shipping charges are applied.

Terms:

Net 30 days

Remit to address: McKesson Medical-Surgical
P.O. Box 630693
Cincinnati, OH 45263-0693

Return Goods Policy:

- Returned products must be in saleable condition, be in original package, in full sale unit of measure and product must not be defaced, i.e., handwriting. Products returned after 60 days and up to one year after sale will be assessed a 20% restocking fee. Return freight charges will be deducted from the credit amount, except in cases of McKesson's error. Special orders may not be returned for credit.

- There are no restocking fees imposed for vendor errors, but McKesson reserves the right to charge a shipping fee for those products refused by customers returned due to customer order error.
- McKesson will make every effort to contact customers that have ordered an item that is recalled by the manufacturer. A return will be issued and the item will be picked up as quickly as possible or at the next scheduled delivery day.
- Products found to be defective the item will be picked up as quickly as possible or at the next delivery day.
- Products damaged in transit and/or refused by MMCAP facility, McKesson will replace the item as quickly as possible and deliver with the next scheduled standard delivery. Emergency replacements can be requested and will be determined by McKesson and MMCAP facility.
- Credits for returned products will be reflected on the next business cycle from the date the product is received back by McKesson. MMCAP facilities may determine on which charges to apply the credits.
- Whenever possible a McKesson fleet truck will pick up returns. Some pick ups are scheduled by common carrier, such as UPS, and are subject to their procedures and policies.

Survey:

A survey form is attached for the state agency user to give feedback on the contract.



STATE OF MISSOURI
MMCAP Hospital Supplies Contract

McKesson Customer Application

Completion of this "McKesson Customer Application" authorizes McKesson Medical Surgical to establish an account which will allow the agency for which I am applying to participate in the Minnesota Multi State Contracting Alliance Contract No. M-487(5), No. 432344 and the State of Missouri Contract No. C108128001 for Medical Supplies, Services and Equipment.

Legal Company Name	Website Address	Federal Tax ID	
Legal Address (Main Office)	City	State	Zip
Contact Name we may call for questions regarding this application	Title	Phone	
Billing / statement Address (if different than Main Office)	City	State	Zip
Accounts Payable Contact Name			
Accounts Payable Telephone	Accounts Payable Fax	Accounts Payable Email	
Shipping Information	If more than one Ship-to, please attach multiple Ship-to's Information		
Ship-to Company Name			
Ship-to Address	City	State	Zip
Ship-to Contact			
Ship-to Telephone	Ship-to Fax	Ship-to Email	

CERTIFICATION	
<i>I certify that the agency for which I am applying is either a state, district, county, city municipal or public agency governmental entity as defined by the State of Missouri Revised Statutes Chapter 67, Section 360.</i>	
Eligible Entity Requesting Participation in McKesson Medical Surgical Agreement	
PRINTED NAME	TITLE
SIGNATURE	DATE

**State of Missouri
Office of Administration
Division of Purchasing and Materials Management
Contract Performance Report**

Please take a moment to let us know how this contract award has measured up to your expectations. If reporting on more than one contractor or product, please make copies as needed. This office will use the information to improve products and services available to state agency users. **Comments should include those of the product's end user.**

Contract No.: C108128001 **Contractor:** McKesson Medical-Surgical

Describe Product Purchased (include Item No's., if available): _____

Rating Scale: 5 = Excellent, 4 = Good, 3 = Average, 2 = Poor, 1 = Fails to meet expectations

Product Rating	Rate 1-5, 5 best
Product meets your needs	
Product meets contract specifications	
Pricing	

Contractor Rating	Rate 1-5, 5 best
Timeliness of delivery	
Responsiveness to inquiries	
Employee courtesy	
Problem resolution	
Recall notices handled effectively	

Comments: _____

Prepared by: _____ Title: _____ Agency: _____

Date: _____ Phone: _____ Email: _____

Address: _____

Please detach or photocopy this form & return by FAX to (573) 526-9816, or mail to:

Office of Administration
Division of Purchasing and Materials Management
301 West High Street, RM 630
PO Box 809
Jefferson City, Missouri 65102
You may also e-mail form to the buyer as an attachment at
teri.schulte@oa.mo.gov